UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 4-04-07 2 Serial/Patent # 09 807 061					
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
	Filing	,			\$
	Amendment				\$
X	Extension of Time	_		10-12-06	\$ 450
	Notice of Appeal/Appeal				\$
	Petition				\$
·	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$ \
	Other				\$
		7 TOTAL AMOUNT OF REFUND			\$ 450
		8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check		
	Overpayment	X	<u>_</u>	redit Dep	osit A/C #:
	Duplicate Payment	,50-3703			
X	No Fee Due (Explanation):				
') ote					
·					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Frances Hicks TITLE: Petitions Examiner					
SIGNATURE:					
OFFICE: Office of Petitions					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE: 4/50/0/					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B